

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/101579389** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
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43	/					
44	/					
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46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	3					
TOTAL DEP.	60	←	←	←		
TOTAL CLAIMS	63	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓			↓	
TOTAL CLAIMS		████████	████████	████████	████████	████████